



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Chia-Shun Hsiao; Dong Jun Kim
Assignee: ProMOS Technologies Inc.
Title: CORNER PROTECTION TO REDUCE WRAP AROUND
Serial No.: 10/655,705 Filing Date: September 5, 2003
Examiner: Scott B. Geyer Group Art Unit: 2829
Docket No.: M-12953 US Confirmation No.: 7164

Irvine, California
October 19, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-3514

SUBMISSION OF FORMAL DRAWINGS

Dear Sir:

Applicants submit eight (8) sheets of formal drawings, consisting of Figures 1, 2A-2K, 3A-3D, in the above-named application. If there are any questions regarding these drawings, please call the undersigned at (949) 752-7040.

Certificate of First Class Mailing

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Mail Stop Amendment, on the date shown below..

Tina Kavanaugh
Tina Kavanaugh

October 19, 2004

Respectfully submitted,

David S. Park

David S. Park
Attorney for Applicants
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October 19, 2004

Mail Stop AMENDMENT
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Applicant(s): Chia-Shun Hsiao and Dong Jun Kim
Assignee: ProMOS Technologies Inc.
Title: Corner Protection To Reduce Wrap Around
Serial No.: 10/655,705
Examiner: Scott B. Geyer
Docket No.: M-12953 US
Filing Date: September 5, 2003
Group Art Unit: 2829

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) Facsimile Transmittal Sheet;
- (2) This Transmittal Letter;
- (3) Response to Office Action (8 pages);
- (4) Submission of Formal Drawings (1 page);
- (5) Formal Drawings including Figures 1, 2A-2K, 3A-3D (8 pages).



No additional fee is required.



The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining <u>After Amendment</u>		Highest No. Previously <u>Paid For</u>		Present <u>Extra</u>		<u>Rate</u>		Additional <u>Fee</u>	
Total Claims	25	Minus	29	=	0	x	\$18.00	\$	0	
Independent Claims	4	Minus	5	=	0	x	\$88.00	\$	0	
<input type="checkbox"/>	Fee of _____ for the first filing of one or more multiple dependent claims per application							\$		
<input type="checkbox"/>	Fee for Request for Extension of Time							\$		
<u>Total additional fee for this Amendment:</u>								\$		
<input checked="" type="checkbox"/>	Conditional Petition for Extension of Time: If an extension of time is required for timely filing of the enclosed document(s) after all papers filed with this transmittal have been considered, an extension of time is hereby requested.									
<input type="checkbox"/>	Please charge our Deposit Account No. 50-2257 in the amount of							\$	\$0	
<input checked="" type="checkbox"/>	Also, charge any additional fees required and credit any overpayment to our Deposit Account No. 50-2257									
Total:								\$	\$0	

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Tina Kavanaugh

October 19, 2004

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